

ISSUE SLIP STAFF AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | WK       |        | 3-26-01  |
| O.I.P.E. CLASSIFIER       |          | 48     | 4/27/01  |
| FORMALITY REVIEW          | ST       | 1021   | 05/07/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here